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Date

781-398-2530

Under the F	Paperwork Reduct	ion Act of 1995, no persor	s are required to re	espond to	J.S. Patent a collection	and Trade	emark Office. I	J.S. DEPARTM	MENT OF C	OMMERCE rol number.	
			Attorney Docket No.			PATH03-16				١	
UTILITY  DATENT APPLICATION							Lynn Doucette-Stamm				1
PATENT APPLICATION				First II	First Inventor			Acid and	Amiro A	Acid Sea	lennes
TRANSMITTAL					Title			to Stap	vlccc	us Epid	ermidis
(Only for new nonprovisional applications under 37 CFR 1.53(b))					Title Relating to Starbylcoccus for Diagnostics and Therap Express Mail Label No.					apeutic	<b>7</b>
See MPEP o		TION ELEMENTS ming utility patent applicat	ion contents.	ADD	RESS 1	го:	Commission P.O. Box 14	atent Applicationer for Patents 50 VA 22313-1450			
2. Submi 2. Applic See 3: 3. Specif (preferr - Descr - Cross - State - Referr or a c - Back - Brief - Brief - Detail	it an original and a ant claims small 7 CFR 1.27. ication red arrangement sriptive title of the irs Reference to Relment Regarding Frence to sequence computer program ground of the Inversity of the Industrial Description of the led Description	[Total Pages ] et forth below) evention ated Applications ed sponsored R & D listing, a table, listing appendix ntion vention	ng) 802]	(ii a b	Comp lucleotide f applicabi	uter Programmer And/or And/or And/or And/or And/or And/or Andrews Andr	gram (Appendamino Acid S cessary) or Readable F ation Sequend -ROM or CD per nts verifying	equence Sub	omission ; or		120103
	act of the Disclosung(s) (35 U.S.C.	re  113) [Total Sheets _  [Total Sheets		9. <b>[</b>	Assi 37 C	gnment l FR 3.73	Papers (cove (b) Statement is an assigne	r sheet & doo	cument(s)) Power of Attorney		
a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d))			12.  Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13.  Preliminary Amendment 14.  Return Receipt Postcard (MPEP 503) (2) (Should be specifically itemized)  15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)  16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35								
6. Application Data Sheet. See 37 CFR 1.76			or its equivalent.  17.  Other: Revocation of Power								
		ATION, check appropri or in an Application Da				nformatio	n below and	in <sup>1</sup> the first se	ntence of	the	
	nuation	✓ Divisional		ation-in-pa		of p	rior application	No.: 0.9/450.9	69		
Prior application information: Examiner J. Siew Art Unit: 1637  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.											
19. CORRESPONDENCE ADDRESS											-
✓ Custon	ner Number:		23856:			or l	Corresp	ondence add	iress belo	w	
Name	Robert L. Spad	afora	•	720	56				•••		1
Addmes	Genome Thera			238	<del>70</del>				-		1
Address	100 Beaver Str	eet	PATEN	TRADEKAR	K OFFICE						]
City	Waltham			State	MA T			Zip Code	02453		

This collection of information is required by 37 CER 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Telephone 781-398-2300

Registration No. (Attorney/Agent) | 46,197

Name (Print/Type) Robert L. Spadaro

USA

Country

Signature

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction Act of 1995, no persons are required to respond to a

FEE TRANSMITTA								
FEE IKANSIVIIIIA	L	Appli	cation I	ation Number				
for FY 2004		Filing Date						
Effective 10/01/2003, Patent fees are subject to annual revision.		First Named Inventor			tor	Lynn-Doucette Stamm		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name						
		Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 1846.00		Attorney Docket No. PATH03-16						
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES							
Deposit Account:	Large Entity   Small Entity							
Deposit F04040	Fee Code	Fee e (\$)	Fee Code	Fee Description	Fee Paid			
Account Number	1051		2051		Surch	arge - late filing fee or oath		
Deposit Account Genome Therapeutics Corp.	1052	50	2052			arge - late provisional filing fee or		
Name	1053	130	1053			sheet English specification		
The Director is authorized to: (check all that apply)		2,520				ing a request for ex parte reexamination		
Charge fee(s) indicated below Credit any overpayments	1804	•	l	920* F	Reque	esting publication of SIR prior to		
Charge any additional fee(s) or any underpayment of fee(s)					Exam	iner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805			esting publication of SIR after iner action		
FEE CALCULATION	1251	110	2251			nsion for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Exter	nsion for reply within second month		
Large Entity Small Entity	1253	950	2253	475	Exter	nsion for reply within third month		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Exter	nsion for reply within fourth month		
1001 770 2001 205   Hillity Sling for	1255	2,010	2255	1,005	Exter	nsion for reply within fifth month		
1002 340 2002 170 Design filing fee 770.00	1401	330	2401	165	Notic	e of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing	a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Requ	est for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petitio	on to institute a public use proceeding		
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55 (	Petitio	on to revive - unavoidable		
	1453	1,330	2453	665	Petiti	on to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1501	1,330	2501	665	Utility	issue fee (or reissue)		
Extra Claims         below         Fee Paid           Total Claims         32         -20** = 12         x 18         = 216	1502		2502			gn issue fee		
Independent 13 2** - 10 × 86 - 860	1503		2503			issue fee		
Claims 13 2 10 1 A 200	1460		1460			ons to the Commissioner	I	
Large Entity L Small Entity	1807		1807			essing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806			hission of Information Disclosure Stmt	<u> </u>	
Code (\$)	8021	40	8021	40	prope recoi	rding each patent assignment per rty (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing	a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	4040	770	2040			FR 1.129(a))	<b>   </b>	
	1810	770	2810			ach additional invention to be ined (37 CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	1801	1 770	2801	385	Requ	uest for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802			uest for expedited examination design application		
SUBTOTAL (2) (\$) 1076		ther fee (specify)					<u></u>	
= = = · · · - \-/	*Reduced by Basic Filing Fee Paid SURTOTAL (3) (\$)							

SUBMITTED BY (Complete (if applicable)) Registration No. Name (Print/Type) Robert L. Spadafora, Esq. 46,197 Telephone 781-398-2300 Signature

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